

THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, MARCH 14, 1885.

Original.

MULTIPLE ABSCESS OF THE BRAIN.\*

LEFT HEMIPLEGIA—RIGHT BRACHIAL AND FACIAL MONOSPASM.

BY J. W. HOLLAND, A. M., M. D.

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Lloyd Townsend, aged fourteen, a negro, was employed in tobacco works, handling the damp leaves. Much of the time his breeches were wet about the knee from kneeling upon moist surfaces. Several years ago he had an attack of acute rheumatism. For at least one year he has had a cough, which of late has grown severe, especially at night. No hemoptysis, wasting, or short breath. Expectoration was abundant, of mucus and muco-pus.

On or about January 2, 1885, his aunt observed that he was awkward in walking, the left foot catching or striking the other. She asked him about it, but he made light of it, saying "it did not hurt him, he was all right." On the morning of January 9th he was observed putting his right hand in a basin of cold water. He explained that it felt cramped and funny. The fingers twitched, and he remarked that he couldn't take hold of any thing with a good grip. He rubbed it awhile, the strange feeling passed away, and he went to work. At about noon, while working on a low table, he suddenly fell off on the floor, stiff, his eyes rolling up. He remained unconscious for some minutes, then got up, complaining of weakness in the left arm and leg. He continued to work until four o'clock in the afternoon. At five he walked home, dragging his left foot and carrying his left arm in a stiff and unnatural way, but made no complaint of pain.

\*Read before the Louisville Medico-Chirurgical Society, February 6, 1885.

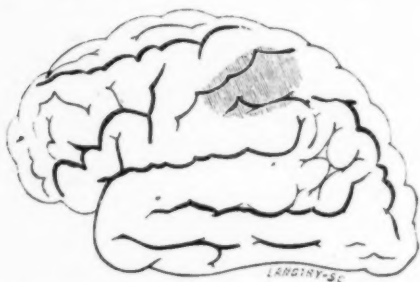
He was bright and cheerful, using his right hand as well as usual. He slept well, but awakened next morning decidedly weaker in the left arm and leg. He was carried to the University in a wagon, but managed to walk up two flights of stairs by the assistance of a friend. As I was not present, Mr. Reddish, the clinical assistant, took charge of his case. Mr. Reddish reports that at this time he had no trouble but a bronchitis and a left hemiparesis which did not involve the face. He was ordered to take a small dose of tincture nux vomica thrice daily. Returning home at noon he then had a marked spasm in the right hand and right face, with a rolling of the right eye. The spasms, which lasted for several minutes, would begin in the right hand, the fingers partly closing first and then the hand bending on the wrist; later the elbow would be slightly flexed. Almost simultaneously with the first twitch of the fingers the right eye would wink rapidly, then the angle of the mouth would jerk clonically and the eyeball would move slowly around its axis. Consciousness was retained during this spasm, the boy and his nurse rubbing the hand vigorously the while. He would soon doze off for about an hour, when the spasm would return. The paroxysms continued unabated three days. Scarcely any food was taken. The cough became drier, expectoration scanty. He complained of feeling chilly and flushing afterward.

On Wednesday, January 14th, Mr. Reddish found him suffering from an intense frontal headache and vomiting without nausea. He prescribed quinine for the chills, and reported to me his fear that the brain mischief was meningeal. Sleep was not possible on account of the pain. The manual and facial spasm were much less pronounced and less frequent, but the power of flexion was about gone from the right hand. His expectoration was not so

copious as formerly, but much more fetid. Sensation was normal every where. Sight and hearing unimpaired; mind clear. He at no time complained of visual spectra or flashes of light.

January 15th he was carried to the City Hospital. At this time there was decided left hemiplegia and some drawing of the right corner of the mouth. There was a mitral regurgitant murmur, with bronchitis. He gradually grew stupid until the 19th, when he fell into coma. I saw him for the first time on that day. He was in profound coma, with pupils dilated; no strabismus nor facial spasm; his urine was voided unconsciously, and his pulse was small and frequent. When attempts to rouse him were made he moved his right leg only; the right arm and face and left arm, face, and leg were motionless. An enema was given to open his bowels, and the head elevated. He grew weaker daily, and on the twenty-fourth he died, remaining comatose throughout.

The autopsy was held by Dr. Marvin, pathologist of the Hospital, and myself.



On opening the skull we found the dura free from disease in the upper half. The sinuses and the veins were gorged, and there was a general hyperemia of the pia, with a flattening of the convolutions on the left mid-parietal region. In removing the brain, owing to the adhesions that had formed at the base, some of the cortical substance on the basilar aspect of the sphenoidal lobes was accidentally torn away and an eruption of pus appeared. There was fluid in the subarachnoid space and an edematous condition of the subjacent cortex. A large abscess, containing over an ounce of pus, was found to have been opened by the removal of the brain from the dura. The opening was in the sphenoidal lobe, in the anterior part of the third or lower temporal convolution. On making Pitres' *frontal section*, that is, vertical through

the ascending frontal convolution from below upward, the abscess was found to occupy the sphenoidal fasciculus, to reach and involve the lower part of the lenticular nucleus, the internal and external capsules, and the claustrum. The same section continued through on the left side tapped another abscess above the corpus callosum. Making Pitres' *parietal section*, that is, vertical through the ascending parietal convolution, this second large abscess was opened through the middle. It occupied about half of the superior parietal and the middle parietal fasciculi of the centrum ovale, and extended from the cortex, which was soft and boggy, to the upper level of the corpus callosum. The center of the cortical area was softened and flattened in the upper part of the ascending parietal convolution. It extended behind into the supra-marginal gyrus, and in front it took in the upper and middle parts of the ascending frontal.

The contents of the abscesses was a greenish, thick fluid, some of it almost gelatinous. It was composed of pus, mainly molecular; fat and debris could also be found. There was no abscess wall, but rather a softened state of the neighboring parts.

I was compelled to leave before the thorax and abdomen were opened.

Dr. Marvin has informed me that the right lung was affected by catarrhal or lobular pneumonia in its upper and middle parts. The mitral valve was crumpled and perforated in one segment, and the kidneys were the seat of amyloid degeneration.

There are certain features of this case worthy of comment. First, as respects the cause of the abscesses.

It is quite clear that these, like other multiple abscesses, must be *metastatic*, that is, due either to emboli from the heart or purulent, perhaps infecting, particles from the lungs conveyed in the blood-stream and lighting up suppurative encephalitis. It is impossible for any one to say in a case like this, where both organs were diseased, which was primary to the abscesses, the lesion of the lungs or that of the heart. Speculation concerning it must be barren of definite results. The most important question, however, is this, What light is thrown on the doctrine of localization of cerebral functions?

The abscess in the right sphenoidal lobe, where it destroyed the gray matter of the third temporal convolution, produced no characteristic external phenomena, thus

confirming previous physiological and pathological observations, and like them justifying to some extent the statement that cortical lesions *not in the motor zone* cause no symptoms. The same is true of lesions of the centrum ovale of the sphenoid fasciculus. The same abscess took in the anterior third of the *lenticular nucleus* and a part of its white capsules and thereby interfered with motor impulses, causing the left hemiplegia. This bears out the dictum of Nothnagel, in his masterly treatise on localization, "Motor paralysis (hemiplegia) is the sole symptom if the lesion is situated in the anterior third of the corpus striatum, in the region supplied by the lenticular striated artery."

A study of the abscess in the left lobe reveals the fact that it corroborates in every particular the conclusions of Ferrier. The convulsions of the right hand and face were obviously due to the primary irritation of the motor areas for these parts. Ferrier, Charcot, Pitres, and others have collected a large number of cases, with autopsies, and have made sufficient experiments upon lower animals to definitely locate the lesion either in the mid-parietal area of of the cortex or the white substance immediately beneath. The rules laid down by them for diagnosis would have pointed out that the spasmodic flexion of the fingers was due to irritation of the upper part of the ascending parietal convolution and that the facial spasm was due to irritation of the middle part of the ascending frontal convolution. When it came to the rolling of the right eye and its rapid winking a doubt might have arisen, as Ferrier places the oculo-motor center in the first and second frontal gyri, in spite of some of his own experiments on animals which show that irritation of the supra-marginal and angular gyri causes movements of the eyeballs and dilatations of the pupil. In the case now being analyzed, there was rapid and persistent winking, with rolling of the ball of the right eye, for several moments at a time, and yet there was no lesion at the base of the first frontal convolution, the area supposed to preside over the oculo-motor function. Ferrier has ingeniously shown, in the lower animals, that while irritation of the supra-marginal gyrus causes rolling of the ball, etc., destruction of it does not paralyze the eye-muscles, as would happen if this were the motor center. Further, his experiments, often successfully repeated by others, show that while destruction of this area on one side causes no dis-

tinctive symptoms, if both sides are treated alike there is blindness in both eyes. Hence he concludes that the winking, the pupil dilatation, and the rolling ball are but reflex phenomena due to affection of the visual center, and that either side in the sensory zone can do the work of the other when the other is destroyed.

Our case is an experiment performed by nature which, as far as it goes, confirms in every particular the statements of this keen and accurate observer. By the light of present knowledge of the functional areas of the brain, in the early stage of irritation or convulsion it might have been doubtful as to which was involved, the first frontal or the supra-marginal gyrus, but when destruction caused the paralysis of the hand and the spasms ceased without ocular deviation it became highly probable that the oculo-motor center was not directly involved, but only by reflex excitement transmitted from the center of vision in the supra-marginal gyrus. This conclusion would have been strengthened by the reflection that the visual area adjoins the motor center for the hand, the destruction of which was not doubtful. It remains to be said that the influence of the large lesion of the centrum ovale was no more than we are led to expect by the researches of M. Pitres,\* who has collected a convincing mass of evidence to the effect that lesions of the medullary substance between the basal ganglia and the cortex produce symptoms like those of the corresponding cortical areas. Apparently destruction of the white matter cuts off the motor impulses sent through it by the gray substance of the ideomotor centers.

LOUISVILLE, KY.

## THE ORGAN OF LANGUAGE

AND ITS RELATION TO RIGHT-OR LEFT-HANDED PERSONS.

BY JAMES WEIR, M.D.

In 1879, after reading a translation of Broca's article on The Organ of the Faculty of Language, with Observations on *Aphasia d'Aphemia*, I became greatly interested in the subject, and during my investigations that year became impressed with an idea which was greatly strengthened in the year 1882, at which time I renewed the study of this exceedingly interesting topic. The idea is as follows: That where the

\* Lesions du Centre Ovale.

lesion in an aphasic patient existed in the right anterior frontal convolutions of the brain, the patient had been a left-handed man, and where the lesion had existed in the left frontal convolutions, the patient had been a right-handed man.

That the organ of language does exist and is situated in the anterior frontal convolutions no one at the present day will deny. In the early part of the present century, Gall considered that there were two organs of language in each hemisphere situated in that portion of the brain, being transversely on the supra-orbital plate—the one for originating the idea of words, and the other for acquiring language. Spurzheim, Lorry, Dembitz, Brahn, and others cite cases to prove that the organ of language is found in the anterior frontal convolutions. In collecting and formulating cases of brain affections, they noticed that in almost every case where there was a lesion of the anterior convolutions there was either loss or some impairment of speech. Lallemand, Audral, Boulland, and others next followed and strengthened their theory by the reports of numerous cases bearing out their deductions.

Bruilland passed a gimlet through the anterior convolutions of a dog and rendered him aphasic. Once only it tried to bark, but failed.

In 1836, M. Dax advanced the theory that the faculty of language existed in only one side of the brain (the left) and not in both. He based his opinion on the fact that in very near two hundred cases of aphasia attended with paralysis there was right hemiplegia. Some authorities have brought forward cases in which there were extensive lesions of both right and left anterior convolutions without loss of speech. M. Aubustier met them by stating that where there was such extensive injury, without impairment of speech, the organ of speech itself was not involved. Charcot, Trousseau, and many other French authorities locate the faculty of articulate language in the left side of the brain. Broca goes so far as to locate the organ of language in the posterior portion of the third anterior frontal convolution of the left hemisphere.

Dr. Hammond says: "That while the more frequent occurrence of right hemiplegia in connection with aphasia is in great part the result of the anatomical arrangement of the arteries which favors embolism on that side, there is strong evidence to show that the left side of the brain is

more intimately connected with the faculty of speech than the right." Anatomical research has proven to us that the left hemisphere is more rapid in its development than the right. This is due to its greater blood-supply, and its consequent greater nutrition. Intuitively and involuntarily we always use those portions of our bodies which are the strongest and the best developed. Therefore it is my belief that the organ of speech exists in both right and left anterior convolutions, but it is more frequently developed in the left than the right because of the earlier development of the left hemisphere, and consequently the earlier use of the left hemisphere.

Sometimes we may find an aphasic patient with left hemiplegia. I remember a case which I saw in New York in 1879. This patient had both ataxic and amnesic aphasia. An autopsy showed a patch of softening in the third anterior frontal convolution of the right hemisphere. The left hemisphere was perfectly healthy. The fact was incidentally established that the man had been left-handed. This fact gave birth to the idea that perhaps the situation of the organ of language had something to do with manual use.

I was then engaged in microscopy—resolved to turn my attention to the study of this particular idea, and see if it could be established that a man was right-handed or left-handed, coincident with the fact that he had the organ of language most developed in his left or right hemisphere.

I carefully dissected and microscopically examined three brains of three persons who had been right-handed. In two of them I found the gray substance thicker by several lines in the convolutions (anterior frontal) of the left hemisphere than in the right. There was greater blood-supply, the arterioles being much larger and more abundant. The white matter in the left hemisphere was yellower and firmer than in the right. I could get possession of only one left-handed brain. I found in this brain that there was very little if any difference between the two hemispheres. Owing to lack of material, I abandoned the subject for the time being, but had my attention called to it again by seeing a patient with Dr. G. Müller in St. Louis in 1882. This patient had both amnesic and ataxic aphasia with left hemiplegia. He was left handed. To prove conclusively that a person is left-handed or right-handed, as the the organ of language is situated in the right hemisphere or the



left would be extremely interesting. We know that an enormous percentage of men are right-handed, and we know positively that in an enormous percentage of aphasic patients the lesion is on the left side. Conversely there are comparatively few left-handed people, and comparatively few aphasic patients in whom the lesion is found to exist in the right hemisphere.

I am inclined to believe that the left hemisphere in the vast majority of brains is the seat of the faculty of articulate language. There is a certain proportion of brains which has this organ most developed in the right hemisphere, and in some brains it is undoubtedly developed equally in both hemispheres. That both hemispheres, so far as speech is concerned, may work entirely independently of each other, is clearly shown by a number of cases of extensive lesions in one or the other hemispheres without speech derangement. Numerous necropsies have shown this fact time and again.

I will not take up space to substantiate this fact by citing cases or copying the reports of autopsies. The attention of the reader is called to the works of the numerous authors whose names are mentioned in the first part of this article, where reports of various cases are minutely detailed. There are now many accepted truths which were at first only theories based on grounds much more unsubstantial than these which I have put forward to show that man is right- or left-handed, as the organ of articulate language is situated in the left or right anterior frontal convolutions. Is it merely surmise on my part? In two cases of aphasia, with the lesion in the right hemisphere, as was shown by autopsy, the patients had been left-handed. Was this only a coincidence?

LOUISVILLE, KY.

### Miscellany.

**PRECAUTION AGAINST CHOLERA.**—The Philadelphia Sanitary Protective League, by order of Wagner Hygiene Association, has issued the following timely circular:

In view of the probability that cholera will visit our shores before long, and the need of stimulating and sustaining the health authorities in their efforts to guard the city's health, it seems desirable, as a matter of public safety, and in imitation of the course

taken in other cities abroad and at home, to call upon all good citizens to unite in an organization which can watch over and protect the lives of the people of Philadelphia.

The money loss which would result from the presence of cholera in Philadelphia would be incalculable. Thousands of our own people would hasten to leave the city, while strangers would fear to come here. Every line of business would suffer, and millions of dollars would not represent the injury to trade and commerce.

The necessity of volunteer organization to assist in sanitary work seems imperative. Preventive measures are wisest and most economical. It will not do to wait until cholera is reported in some of the alleys, courts, or cheap lodging houses, where "crowd-poisoning," prevails, but we must take time by the forelock, and by a general cleansing up of the city—within doors and without—exclude infection or make certain that it can be stamped out, should it gain an entrance into the city.

The Philadelphia Sanitary Protective League proposes to render such aid as lies in its power to advance the health of the city of Philadelphia and vicinity and to ward off epidemics:

1. By sustaining and stimulating the health authorities in their work.
2. By improving the sanitary condition of our own houses.
3. By looking out for the safety of employes and dependents.
4. By a system of free lectures to the poor.

No pecuniary obligation is incurred by joining the League, as its work can be carried on at small outlay, and this, in the main, has been provided for. What is wanted most is a body of members, who will support, by their voice and influence, measures necessary for the preservation of the public health. All those willing to connect themselves with the League will please send their names and addresses to the main office, 2,246 Ridge Avenue.

Branch committees will be established in each ward of the city, whose actions will be directed by an executive committee, with an advisory council of lawyers and sanitarians.

John V. McGeoghegan, 426 Walnut Street, Legal Adviser.

C. C. Vanderbeck, M. D. Ph. D. 2,246 Ridge Avenue, Secretary of Executive Committee.

**CAFFEINE AS A SUBSTITUTE FOR DIGITALIS.**—Dr. James Stewart, in an article in the *Canada Medical and Surgical Journal*, says: In the form of a double salt, as natribenzoate or natricinnamate, its action may be summed up as follows:

1. It strengthens, slows and steadies a weak, fast, and irregular heart.
2. It quickly acts as a diuretic in cardiac dropsy, owing to its power of (a) raising the blood-pressure, and (b) of stimulating the secreting structures of the kidneys.
3. It is of marked use in the same class of cases as digitalis is. It differs, however, from this drug, in the following particulars: (a) It is less powerful as a cardiac tonic; (b) it is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure.

It is probable that results obtainable from neither of these drugs, when given singly, could be brought about if caffeine was given first and its effects kept up until the cumulative action of digitalis could be made manifest. By combining the power of digitalis with the rapidity of action of caffeine we may get the advantages of both drugs with little of the disadvantages of either. There is no published evidence relating to these points, however.

**Dose and mode of administration of caffeine.** The dose of any of the double salts should not exceed thirty grains in the twenty-four hours, this quantity being equal to about twenty grains of the pure alkaloid. Usually half the above dose will answer all purposes. The double salts are prepared by Merck, of Darmstadt, but have not as yet found their way to this side of the Atlantic. They, however, can be prepared extemporaneously. The following formula contains in each tablespoonful about one gram (fifteen grains) of caffeine:

Caffeine, . . . . .	15.00 (gr. 230);
Benzoate of Soda, . . .	15.00 (gr. 230);
Water, . . . . .	250.00 (℥viii).

The doses of caffeine (two or three grains) usually ordered are quite inadequate to act either as diuretics or cardiac tonics.

**TRACHEOTOMY WITHOUT A TUBE.**—The danger and inconvenience connected with the tracheotomy tube *per se* are sufficiently great to have aroused a desire for some device which would obviate them. The matter was the subject of discussion before a late meeting of the Philadelphia Academy of Medicine. Dr. J. B. Roberts said he

had had so much difficulty in keeping the tube clear that he had discarded it entirely, and instead cut out a rectangular piece of the trachea and stitched the edge of the opening to the skin. He found this to answer better than the double cannula, which is liable to become choked with secretion. Dr. Packard had operated in this manner, but feared to adopt it as a general rule, lest constriction of the trachea occur through cicatrization of the opening on healing. He instanced one case in which this had occurred. He thought the testimony in favor of tracheotomy without a tube was, however, very strong. Dr. J. H. Brinton recalled two cases in which the tube had been dispensed with. The membrane was readily ejected, and there was far less trouble than from the tube. Both cases, however, died from the diphtheritic infection. Dr. Nancrede regarded the danger from ulceration from the irritation of the tube as sufficiently great to warrant the adoption of such a substitute for it as had been suggested, and the sentiment of the meeting was in favor of according a trial to the method of performing tracheotomy which should dispense with the cannula.—*Medical Age*.

**PERMANENT ANTISEPTIC MEDICATION.**—Prof. Emarch, of Kiel, in concluding a paper on permanent antiseptic dressing (*Weiner Medical Presse*), read before the Congress at Copenhagen, says:

1. In all wounds, whether produced accidentally or by the hand of the surgeon, the most desirable result is *the healing by first intention*.

2. This sort of healing can always be obtained by *keeping the infectious substances absolutely away from the wound, and the wounded part at rest*.

3. As the renewal of the dressing disturbs the wounded parts, and exposes them again to the danger of infection, we can see that a *permanent medication* (that is, one which can remain *in situ* until the complete cure of the wound) is the best of all.

4. If it is desired to avoid the renewal of the dressing before the cure has occurred, it is necessary to cleanse, close, and dress the wound in such a manner that *no exciter of putrefaction nor any foreign body remains in the wound, and that no blood and secretion of the wound be retained in any place*.

Therefore the principal conditions of success are, (a) A complete *hemostasis*; (b) to avoid that any cavity is formed inside the

wounds; (c) to see that there be a *free exit* to all the secretions of the wounds; (d) very accurate *asepsis* and *antisepsis*; (e) the use of *compressible material for the dressings*, which *will absorb* the liquids; (f) immobility of the wounded part.—*Chicago Medical Journal and Examiner*.

**DISINFECTANTS.**—Dr. G. H. Rohé, in speaking of chlorine, bromine, and iodine as disinfectants (*Medical Chronicle*) says from a study of these substances the following conclusions seem to be justified:

1. Chlorine is an efficient disinfectant when present in the proportion of one part in one hundred, provided the air and the objects to be disinfected are in a moist state and the exposure continues for upward of one hour.

2. Chlorine, when used in sufficient concentration to act as a trustworthy disinfectant, injures colored fabrics and wearing apparel.

3. Bromine is an efficient disinfectant in the proportion of one part in five hundred, provided the air be in a moist state and the exposure continues for upward of three hours.

4. Iodine in solution is an efficient disinfectant in the proportion of one part in five hundred, the exposure continuing for two hours.

5. The use of chlorine, and in a greater degree of bromine, requires considerable experience in management; when carelessly handled they may cause inconvenient or even dangerous symptoms in persons using them; for these reasons they are not suitable as disinfectants for popular use.

**HEALTH IN MICHIGAN FOR JANUARY, 1885.** From a carefully prepared report by the Secretary of the State Board of Health, Dr. H. B. Baker, it is seen that for the month of January, 1885, compared with the preceding month, that throughout the State pneumonia, erysipelas, neuralgia, tonsillitis, influenza, and consumption of lungs increased, and that diarrhea, typho-malarial fever, and remittent fever decreased in prevalence.

Compared with the average for the month of January in the seven years, 1879-1885, neuralgia and erysipelas were more prevalent, and pneumonia, diphtheria, intermittent fever, measles, dysentery, remittent fever, and scarlet fever were less prevalent in the month of January, 1885.

For the month of January, 1885, com-

pared with the average of corresponding months for the seven years, 1879-1885, the temperature was lower, the absolute humidity and the day and night ozone were less, and the relative humidity was more.

Including reports by regular observers and others, diphtheria was reported in Michigan in the month of January, 1885, at forty-two places, scarlet fever at thirty-seven places, measles at four places, and smallpox at one place.

**ELECTRICITY AS A STIMULUS IN CARDIAC AND RESPIRATORY FAILURE.**—In a paper read before the New York Academy of Medicine on Electricity as a Stimulus in Cardiac and Respiratory Failure, Dr. Gaspar Griswold arrives at the following conclusions:

1. Electricity can not be applied clinically in such a way as to stimulate the heart, literally speaking.

2. The application of one pole to the neck and the other to the precordial region stimulates the pneumogastric, and may kill.

3. The stimulation of the phrenic nerve necessarily involves the stimulation of the pneumogastric, on account of their proximity in the neck.

4. The liability to stimulate the pneumogastric is not great in aconite, ether, or opium poisoning, on account of the paralysis of that nerve caused by these drugs.

5. In heart failure from chloroform or the injection of morphia into a vein the application of electricity to the neck is strongly contra-indicated.

6. Under no circumstances should a current strong enough to excite muscular contraction be applied suddenly over the neck.

**OVARIOTOMY.**—From a clinical study of three cases, Dr. Steele (*Chicago Medical Journal*) concludes as follows: (a) Always count your sponges. (b) Absolute cleanliness is more important than absolute Listerism. (c) Peritonitis coexisting is not a contra-indication for either tapping or operation. (d) Cystic fluid left in peritoneal cavity is dangerous and likely to cause pyemia; blood is probably innocuous. (e) A rubber blanket with a fenestrum cut in its center through which to operate, and fastened to the belly by a circular adhesive, is useless to prevent the cystic fluid from running over the patient and operating table, as the plaster is usually accidentally pulled off by turning the patient over dur-

ing a fit of vomiting, or by some over-zealous spectator, who seeks to guide the flow of fluid from its folds to the tub or receptacle; better far omit it, and use small tin basins that can be readily changed as needed. (f) Each case calls for special judgment and individual attention to every detail.

THE Medical Record of March 7th says that General Grant is suffering from an epithelioma. The ulcerated surface is small in extent and limited to the right pillars of the fauces, the anterior one being perforated at its base. The adjoining side of the root of the tongue is indurated to a slight extent, as are also the neighboring glands under the angle of the jaw on the right side. In the roof of the mouth, along the line of the hard palate, are three warty-like excrescences. All other parts of the throat are free from any abnormality. The General also suffered from pain in the ear of the same side, but the local application of cocaine has relieved this. Beside this he has been given the fluid extract of coca internally, and iodoform is dusted over the ulcerated surface. The disease is not, however, as extensive as is generally believed, the published reports having been much exaggerated.

CHLORATE OF POTASSIUM TO PREVENT ABORTION.—Dr. E. S. McKee, in a paper read before the Cincinnati Academy of Medicine (Lancet and Clinic, February 14, 1885), reports the case of a woman who had aborted ten times in succession, twice by one husband and eight times by another. In every instance the abortion occurred between the fifth and eighth month. On examination no local uterine disease could be found, and no history of syphilis could be obtained. She said that one doctor who had attended her before had said that "the after-birth was nothing but a chunk of fat." She was placed on fifteen grains of the chlorate of potassium three times a day. This was continued until labor took place, and she was delivered of a healthy child. In the following pregnancy the same treatment was followed with a like result.

MEDICAL ADVICE BY TELEPHONE.—*Husband*—"My wife has a severe pain in the back of her neck, and complains of a sort of sourness in the stomach."

*Physician*—"She has malarial colic."

*Husband*—"What shall I do for her?"

[The girl at the "central" switches off to a machinist talking to a saw-mill man.]

*Machinist to Husband*—"I think she is covered with scales inside about an inch thick. Let her cool down during the night and before she fires up in the morning take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire-plug and wash her out."

Husband has no further need of this doctor.—*Leonard's Medical Journal*.

In a recent number of the British Medical Journal Mr. Keith reports thirteen cases of hysterectomy with a single death. He has entirely discarded the carbolic spray, in speaking of which he says: "In truth there is nothing in all my work that has so thoroughly broken down with me as the carrying out of the so-called 'perfect Listerism' in the surgery of the abdomen by means of the carbolic spray. I expected much, but have got nothing after years of vexation and disappointment, and I am now very much where I was before I ever heard of it."

DR. H. D. CHAPIN, in the Medical Record, recommends the following as a solvent of the false membrane in cases of diphtheritic croup:

R Ext. pancreatis, . . . . . gr. xv;  
Sodii bicarb., . . . . . gr. iij;  
Glycerine, . . . . . ʒ j;  
Aqua dest., . . . . . ʒ vij.

M. Sig: Use as a spray to the throat every fifteen minutes.

THE Sanitary Council of the Mississippi Valley met in New Orleans on the 10th instant. Twenty-five members, representing ten States, and Dr. C. A. Hodges, Medical Director of the United States Navy, were present. Dr. C. A. Hall, of the Louisiana State Board, made the address of welcome, to which the President of the Association, Dr. David F. Hadden, made fitting response.

RECENT telegrams state that Gen. Grant is in a more comfortable and hopeful condition than heretofore reported. To the withholding of anodynes and a resort to stimulants and nutritive fluids are to be credited the good result.

A SATURATED SOLUTION of hydrochlorate of cocaine in nitric acid is said to make a painless caustic.



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H. A. COTTELL, M. D., - - - - - Editor.  
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## OLEATE OF COCAINE.

At a recent meeting of the Fifth District Branch of the New York Medical Association, a report of which may be found in the Philadelphia Medical News of March 7th, Dr. E. R. Squibb, of Brooklyn, read a paper upon the properties and uses of the oleate of cocaine.

In view of the very discrepant and unsatisfactory results so far reported from the use of cocaine in aqueous solution upon the skin, Dr. Squibb was led to search for some preparation of the drug which by virtue of its chemical construction or the vehicle of its exhibition would give it certainty of action in the wide field of cutaneous therapeutics. A great, if not insuperable, obstacle to the successful introduction of medicine into the system by way of the skin is the thick, horny epidermis, whose function is protective, not only against the normal friction of our environment but also against such agents as seek to enter the economy by absorption. In being set for this function the skin is quite the opposite of mucous membrane, and while the latter readily responds to cocaine in aqueous solution the former may be said, in spite of some faint testimony to the contrary, to resist its action

*in toto*. There being "no possibility of finding a liquid which would pass through the epidermis with the same rapidity as the watery solution through the epithelium," it occurred to the author "that if a preparation could be obtained which could pass one seventh as fast, and if it were made seven times as strong, the conditions would seem to be met for making as successful application to the skin as to the mucous membrane at present."

In consequence of the scarcity of the drug Dr. Squibb was unable to make any practical researches in this direction until February 1, 1885, after which time he arrived by various steps of experimentation at the conclusion that the preparation giving the most reasonable hope for success would be a twenty-five-per-cent solution of cocaine in oleic acid. This is about seven times as strong as the ordinary four-per-cent aqueous solution of cocaine as sold in the shops. It is a very expensive preparation, costing six dollars per fluid dram; but since it may be employed in very small quantities, a drop or two only being required for exhibition, the cost is no serious drawback to its use.

After a considerable number of test experiments he was compelled to regard the action of cocaine oleate upon the sound skin as practically *nil*. Applied to mucous surfaces, however, as the glans penis, anus, etc., and possibly as a relief for trigeminal neuralgia (in which affection it had not yet been tried), it gave promise of usefulness. The appearance of Dr. Squibb's article in full, which will probably be published in the next issue of the *Ephemeris*, will be awaited with interest, since it contains the first searching test of the properties of this new preparation. Although he was first to suggest it the readers of the *NEWS* are aware that Dr. Squibb was not the first chemist to prepare the oleate. In our issue of January 3, 1885, reference is made by Dr. W. Cheatham to the fact that it had already been made by Mr. J. A. Flexner, of this city, and during the month of

January we had ourselves prescribed it with fine effect for the relief of an intolerable pruritus ani in one instance, and for a painful eczema of the vulva in another. In these cases its effects were lasting to a comforting degree, it not being necessary to anoint the parts oftener than once in three or four days.

The preparations of cocaine oleate so far presented by various manufacturers have little or none of the characters of the definite chemical compound which the name implies. They represent a certain percentage of the alkaloid dissolved in a large excess of oleic acid. In the opinion of Dr. Shoemaker<sup>\*</sup> such preparations are objectionable; being not only very expensive, but indefinite, unstable in character, and unreliable in therapeutic action. Free oleic acid, like most other acids, is possessed of corrosive properties, and any free or continued use of a preparation holding it in excess will soon destroy the tegumentary structures to which it is applied.

This serious objection to the exhibition of the oleates now in the market is happily surmounted since Mr. Flexner has succeeded in preparing a real oleate of cocaine, in which the alkaloid and the acid radical are in true chemical union without excess of either.

This neutral salt may be reduced to a ten- or five-per cent solution or mixture in any suitable menstruum, and, being free from irritating properties, is presented in the best possible form for exhibition. Its properties have not as yet been tested by any extended series of experiments; but evidence is not wanting of its power to induce local anesthesia even upon the unabraded skin, while its action upon mucous surfaces is all that can be desired.

Reasoning by analogy, the oleate of cocaine should be an agent of real worth in all painful cutaneous affections; but in view of the stubborn resistance of the skin to non-volatile substances, it will doubtless be

necessary to favor its absorption by means well recognized in skin therapeutics, such as prolonged friction, soaking, or the washing of the skin with soap and ether to remove oily accumulations. The oleate by this means may not be made to penetrate the epidermis, but it is not impossible that it may pass in through the sweat glands, which are supposed to be the avenues of entrance for the oleates of mercury, arsenic, etc., which, in skillful hands, have recently proved so efficacious by the epidermic method of application.

But even if it fail here, there seems to be no reason why the preparation should not be of substantial service in all painful or prurient skin affections in which the epidermis is fissured or abraded; and until the dermatologists shall give it full trial in this line of cases, Dr. Squibb's statement that "except for certain special applications (as to the glans penis, anus, etc., and possibly for the relief of trigeminal neuralgia) the oleate of cocaine must be pronounced a useless preparation," should be taken with due allowance.

#### KOLLERISM.

In a paper read recently before the Montgomery County (Ala.) Medical and Surgical Society, Dr. B. J. Baldwin proposes to introduce the words, *Kollerization*, *Kollerism*, and *Kollerized*, as not only convenient terms for expressing anesthesia by means of cocaine, but as a just and fitting means for doing honor to the discoverer of the anesthetic properties of the drug, and immortalizing his name.

Dr. Baldwin has the warrant of high authority and time-honored usage for this suggestion, and those who in future shall write concerning the anesthetic uses of the drug will do well to test the new coinage, which, if found worthy, will soon pass into universal circulation. He reports fifty ophthalmic operations, all of which were done under cocaine.

<sup>\*</sup>The Oleates and Oleo-Palmitates in Skin Diseases. John V. Shoemaker, A. M., M. D., of Philadelphia, Pa. Detroit: George S. Davis, Medical Publisher. 1883.

## Bibliography.

**The Brain and the Nerves: Their Ailments and their Exhaustion.** By THOMAS STRETCH DOWSE, M. D., F. R. C. P., Fellow of the Medical Society of London, etc. New York: G. P. Putnam's Sons. 1884. For sale by John P. Morton & Co.

This book is a handsome octavo of 150 pages, and in the best style of its famous publishers. Its author has long been known to the world as an able writer and master in neurology. Much, therefore, was expected upon the announcement of a new work from his pen, and the popularity of the first edition gave evidence that the author had kept pace with expectation. This edition was exhausted in a few months, and a new one had to be hastily prepared to meet the demands of the profession.

The work is essentially a treatise upon neurasthenia, which, in the opinion of the author, is a study almost completely ignored by the profession at large, but of prime importance in the management of nervous affections, since so many of these take origin in nerve exhaustion. He treats the subject from the stand-point of the practical physician, wisely, shrewdly, and in the spirit of true science. The pathology of the affection, so far as it can be, is duly set forth, but the major portion of the book is devoted to a study of symptoms, abstractly and by a careful analysis of cases, with many wise suggestions as to the all-important question of treatment.

The author writes with ease and power, and suffers not the interest of the reader to flag in any paragraph of the work. That such a book should be widely popular is a necessary consequence of its construction; that its study will result in great good to a very large and much neglected class of invalids can not be denied.

**A Text-book of Hygiene.** A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point. By GEORGE H. ROHÉ, M. D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore. Baltimore: Thomas & Evans. 1885.

This book has been framed to meet what seems to have been till now a want in our medical schools. Our standard treatises upon hygiene, though admirable, are too elaborate to serve the student as class manuals, while many of the condensed works intended for this purpose fall far short of the

student's need. In the construction of this work Dr. Rohé has attained the happy mean, and, while drawing freely from contemporary hygienic literature, he has been able through his own large experience as a practical sanitarian to give the book an original cast. It will doubtless be adopted as a text-book by many of our medical schools.

**Mind in Nature: A Popular Journal of Psychical, Medical, and Scientific Information.** Vol 1, No. 1. \$1.00 per annum. Chicago, March, 1885. Published Monthly by the Cosmic Publishing Company, J. E. WOODHEAD, Manager, No. 171 Washington Street, Chicago, Ill.

The object of "Mind in Nature" is to furnish, in a popular manner, information regarding psychical questions, the relations of mind to the body and their reciprocal action, with special reference to their medical bearings on disease and health, and to give the most striking and interesting facts and discoveries of science.—*Prospectus.*

The publishers have secured the services of a long list of able contributors, and bid fair to make good every promise of the prospectus.

**Fifteenth Annual Report of the Manhattan Eye and Ear Hospital, with Throat and Nervous Department.** No. 103 Park Avenue, South-east Forty-first Street, New York. 1884.

This report shows the amount of work done in the hospital during the year. The number of patients treated outnumbers those of the previous year by about one thousand. The report also announces that the institution is now free of debt, thus securing for the free treatment of the poor the most complete hospital devoted to this department of our art in the world.

**The Physician Himself.** By D. W. CATHELL, M. D., Baltimore, Md. The third edition of this very popular book has been exhausted, and the fourth is now in press. The new edition is said to be greatly enlarged and improved.

**Bulletin of the Compagnie Generale Transatlantique.** United States, Mexican, West Indian, and Mediterranean Mail Steamship Services. Company's Office, Woolpack Buildings, 3, 4, and 5 Grace Church Street, and 122 Pall Mall, London.

**Vital Statistics in Tennessee.** A Report by J. D. PLUNKETT, M. D., of Nashville, Tennessee, Member of the State Board of

Health and its Committee on Vital Statistics. Reprinted from the Second Report of the State Board of Health. 1885.

Report of Committee on School Hygiene in Tennessee. By Daniel F. Wright, M.D., of Clarksville, Tennessee, Member of State Board of Health, and Chairman of its committee on the subject. Reprinted from the Second Report of the State Board of Health. January, 1885.

The Treatment of Diseases of the Skin by Novel Means and Methods. A paper read before the Section of Dermatology and Syphilis at the meeting of the International Medical Congress at Copenhagen, August, 1884. By John V. Shoemaker, A.M., M.D., Lecturer on Dermatology at the Jefferson Medical College, etc., Philadelphia. 1884.

The Oleates: Further Investigation into their Nature and Action. Introduction to a Discussion in the Section of Pharmacy and Therapeutics at the Fifty-second Annual Meeting of the British Medical Association, Belfast, July, 1884. By John V. Shoemaker, A.M., M.D., Lecturer on Dermatology at the Jefferson Medical College, etc., Philadelphia. 1885.

We have received from the Illustrated Medical Journal Company, of Detroit, Michigan, several sets of their perforated adhesive medical journal labels. The list includes, besides the journals of the United States that are devoted to medicine, pharmacy, and hygiene, those of the provinces of Canada as well. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They will prove useful to the physician in addressing his reprints for journal notice, and to medical colleges in mailing their announcements to the journals.

A Practical Treatise on Palatable Prescribing: Containing the Favorite Formulary of the most eminent English, French, German, and American Medical and Surgical Authorities of the Age, and embracing a Resume of the most Eligible Prescriptions for the Administration of Recent Additions to the Materia Medica. By B. W. Palmer, A.M., M.D., author of "Favorite Prescriptions of Distinguished Practitioners," Member of the New York County Medical Society, of the New York Medico-Legal Society, etc. In one handsome octavo volume of about 150 pages, flexible cloth. Price, \$1.00. Sent post-paid on receipt of price. George S. Davis, Publisher, P. O. box 470, Detroit, Michigan.

## New Remedies.

Conducted by Simon Flexner, Ph. G.

NEW HYPNOTICS: PARALDEHYDE AND PISCIDIN.—Of hypnotics, pure and simple, we can not be said to have a few. With the discovery of each new agent for the production of sleep has succeeded the hope that at last we had gained the object of our desires. It is needless to say that heretofore this fond hope has not been realized. At present it seems likely to be. Chloral, at first awarded the first place among supposed harmless agents, has fallen into disgrace; and it now seems highly probable that the resulting void will be admirably filled by the newly-introduced *paraldehyde*. In the NEWS of January 24, 1885, we attempted to make clear the chemistry of this compound, and in the present note we wish only to draw attention to some later clinical reports, highly favorable, bearing on the subject. Dr. Marselli, of Florence, after a trial of the paraldehyde in three hundred and thirty cases, makes the following report:

"It produces a quiet sleep, closely resembling the physiological state, without previous excitation or succeeding headache. It acts in half an hour. Circulation and respiration are not more influenced than in natural sleep, digestion is unimpaired, cardiac action remains unaffected. . . . In these respects paraldehyde is superior to chloral hydrate, which depresses, as is well known, the heart considerably."

Peretti found that in health a dose of from forty-five to ninety grains induced a sleep of twenty-four hours' duration, without previous excitement or succeeding unpleasantness of any kind. Later experimenters, almost without exception, confirm these favorable reports, and it seems probable that failure, when it took place, was due to the smallness of the dose administered rather than to want of activity on the part of the medicine.

Of the second of the above-mentioned hypnotics, piscidin, less, probably, is known. Still, in the form and with the preparations of the parent drug we are somewhat familiar. The Jamaica Dogwood (*Piscidia erythrina*), it will be remembered, was introduced some years ago as a hypnotic, and after a lull in its use it has again come prominently forward.

Dr. Frönmüller, from whose paper the above reports on paraldehyde are abstract-



ed, reports favorably on the action of the several preparations, fluid extract, extract and resinoid, of the piscidia, but gives preference to the more definite principle, piscidin. The fluid extract, in doses of seventy-five drops, and the extract in doses of from two to four grains, gave satisfactory results. The glucoside in one-half-grain doses proved very efficient.

## Correspondence.

### STATE MEDICAL SOCIETY OF ARKANSAS.

*Editors Louisville Medical News:*

On account of the meeting of the American Medical Association at New Orleans on the 28th of next month, and the large number of members of the State Medical Society who desire to attend both meetings, after consultation with the officers of the State Medical Society and the Committee of Arrangements at Fort Smith, it has been deemed advisable to change our place of meeting from Fort Smith to Little Rock. Therefore the tenth annual session of the State Medical Society of Arkansas will be held at Little Rock, on Wednesday, Thursday, and Friday, April 22d, 23d, and 24th, commencing on Wednesday, at 10 A. M.

Each county or municipal society shall be entitled to one delegate for every five members, and one for a fraction over five.

"The several committees shall report annually, through their chairmen, respectively, upon the specific subjects to which they have been appointed. It shall be the duty of each committee to make a full and complete report to the Society of all matters, business, etc., that properly comes before or presents itself to them upon each particular branch or section." (Art. ix, Sec. 2, Constitution.)

Committees will report at the meeting upon the following topics:

Committee on Medical Education, W. N. Yates, chairman.

On Practice of Medicine, J. J. McAlmont, chairman.

On Surgery, W. B. Lawrence, chairman.

On Gynecology, R. S. Wallis, chairman.

On Medical Legislation, Z. Orto, chairman.

On Necrology, D. S. Mills, chairman.

On Publication, L. P. Gibson, *ex officio*, chairman.

On State Medicine, W. W. Hipolite, chairman.

Board of Visitors to the Medical Department of the Arkansas Industrial University, J. M. Keller, chairman.

Delegates to American Medical Association, P. O. Hooper, chairman.

Special Committee on County and Municipal Societies, L. P. Gibson, *ex officio*, chairman.

Any member who may desire to present a paper will confer a favor by sending immediately the title of the same, with a very short synopsis, to the Secretary, so that a full programme may be prepared and sent to the members at least two weeks before the meeting, thus enabling them to prepare for the work that is to be done.

Secretaries of local societies are requested to forward as soon as possible a list of the delegates. Arrangements will be made by which reduced rates can be obtained by all who attend the meeting. Hence, those who intend to be present, whether already members or not, will please notify the Secretary at once, so that a certificate may be sent them in order to obtain the reduction.

Members who desire to attend the American Medical association at New Orleans will please notify me as soon as possible so that arrangements may be made for reduced fare, etc.

L. P. GIBSON, M. D., *Secretary*.

LITTLE ROCK, March 5, 1885.

### TINEA DISORETA.

*Editors Louisville Medical News:*

I have noticed accounts of a peculiar and intractable form of "itch" appearing extensively in your city. Does the inclosed clipping from the Medical Age describe the affection with which your people are affected?

PREVALENCE OF SCABIES.—I wish to inquire of the readers of the Age whether they have met this winter with an unusual number of cases of itch, and also of a peculiar papular and partially vesicular eruption quite closely resembling the itch? I had seen but two cases of the itch in fourteen years until two months ago, since which time I have treated upward of twenty cases—nearly all of them occurring in good families where order and cleanliness prevail. They have readily yielded to treatment; but not so with the other disease that somewhat resembles the itch. It is situated mostly on the inside of the arms and thighs, and also on the chest, but is also occasionally found on wrists, ankles, neck, hands, back, and abdomen. It is slightly confluent, and forms irregular patches.

Small scabs form from scratching, which is occasioned, especially at night, by intense itching and burning. When once scratching has been indulged in the tendency to continue seems irresist-

ible. This pruritic element and its general appearance would seem to place it as a lichen. But under a lens the papules and vesicles are not symmetrical like those of lichen; besides, it has the peculiarity of attacking whole families of all ages. Internal treatment by arsenic, and external applications of carbolic acid, zinc, bismuth, and tar, variously used, have so far given rather slim results. Alkaline baths give a considerable relief for a day or so.

I learned from a traveling drug agent that there are numerous cases of such a disease in the central and northern part of the State. If such be the case I hope my brethren will let us hear from them on the subject through the columns of the Age.

M. R. MORDEN, M.D.

ADRIAN, MICH., Jan. 20, 1885.

If so, it is a disease that is prevailing extensively in all of our north central States. Columbus has had its share, and for a year past I have made a study of the disease. The results of this study I have embodied in a thesis, which is at present in the hands of Prof. Louis Duhring, and which will appear in print at an early date.

The disease is due to the presence of a parasitic fungus, the description of which will appear in my thesis. None of our authorities on skin diseases describe this affection—which I have tentatively named *tinea discreta*—although it has prevailed to a greater or less extent for the past twenty-five years.

The nature of the disease readily suggests the mode of treatment: a thorough bath with hot water, and a strongly alkaline soap; then some parasiticide lotion, preferably a four- or five-grain solution of the mercuric bichloride, applied to the affected parts. Sulphur and its compounds are often equally effective. From the fact that the clothing is infected with the spores it is best to subject such as can be so treated to the prolonged action of boiling water; other clothing may be sprinkled and ironed with a very hot iron.

The tendency to relapses must be met by a timely application of the lotion, for although a case may be apparently cured by the first few applications a few unaffected spores may remain, and by their development may cause a relapse. Continued treatment, however, will insure the destruction of the fungus and ultimate cure.

WILBUR F. HOYT, M.D.

COLUMBUS, O., Jan. 31, 1885.

It is stated that dram doses of the phosphate of sodium given three times a day is very useful in the treatment of gall-stones.

## Selections.

FLATULENCE.—Mr. T. Lauder Brunton, in the Lettsomian Lectures on disorders of digestion, delivered before the Medical Society of London (Medical Press and Circular), speaking of flatulence, says:

Flatulence is due to the presence of gas in the stomach and intestines, which sometimes rolls about, producing borborygmi, or escapes upward and downward, producing eructations or crepitations. If the pyloric orifice be closed, the gas from the intestine will not escape into the stomach, nor gas from the stomach into the intestine; but if the pylorus be open, gas may pass freely from the stomach into the intestine, and *vice versa*. An analysis of gas from the stomach shows that it consists to a great extent of nitrogen and carbonic acid, in much the same proportion as the nitrogen and oxygen of air. It is therefore probable that most of the gas in the stomach consists simply of air which has been swallowed, but from which the oxygen has been absorbed into the blood, and has been replaced by a corresponding quantity of carbonic acid. We are very apt to forget that, although the mucous membranes in man are much specialized, so as to perform a particular function most efficiently, yet their power is not entirely limited to the one function. The diffusion of oxygen and carbonic acid, just mentioned, through the walls of the stomach shows us that the gastric mucous membrane has, though to a very slight extent, a respiratory action; and it is possible that other gases may be absorbed, though to a slight extent, by the gastro-intestinal mucous membrane. Indeed, I need not say it is probable, because we know for a fact that sulphureted hydrogen may be absorbed in this manner. Some authors consider that the gastro-intestinal mucous membrane may secrete gas in large quantities. However this may be—and I think that it does not occur very frequently—it is probable that an interference with the absorption of gases may be a not unfrequent cause of flatulence.

In patients who suffer from malaria, attacks of indigestion are sometimes preceded for two or three days by a tendency to flatulence without any other symptom. This may simply be due to disturbance of the stomach and intestines alone; but still I am inclined to think that in these cases the disorder begins in the liver, and not in

the stomach; the portal circulation becoming obstructed first, and the gastric mucous membrane becoming congested secondarily. After violent exertion, such as quickly running up stairs, or trying to catch a train, one may observe that, at the same time that the heart is palpitating rapidly and the breathing becoming short and difficult, there is a great tendency to flatulence. A similar condition is also found in patients with cardiac disease, and my friend Dr. Mitchell Bruce has called my attention to the frequency with which such patients complain of "heart-wind."

Another source of flatulence is the gas given off from the food in abnormal process of decomposition. The secretion of gastric juice in the stomach is deficient; the food will not be rapidly digested; the secretion, instead of being acid, is nearly neutral, or perhaps even alkaline, and fermentation may occur with evolution of gas. It is evident however, that considerable time is required to allow gas to be formed in any quantity in the stomach; and flatulence from this cause will not occur until some time after food has been taken. Gas, however, may pass into the stomach from the intestines and distend it, if the pylorus be open; and such distension may occur at any time, and is not necessarily dependent on the decomposition of food in the stomach.

I am inclined to think, however, that the most frequent cause of flatulence in the stomach is excessive swallowing of air. There is little doubt that boluses of food may be swallowed without air; but some fluids, especially those of a tenacious character, such as pea-soup and saliva, appear to carry down a good deal. Moreover, it appears to me that when a small quantity of saliva is swallowed at a time it does not completely fill the pharyngeal cavity, and that air is actually swallowed along with it. This does not matter—probably it is even beneficial—if it be not carried on to too great an extent. But we can easily see that, if a person goes on swallowing air after a meal is over, or in the intervals between meals, flatulent distension of the stomach may readily be produced. The conditions which give rise to frequent swallowing of air, so far as my observation goes, are, (1) a continued flow of saliva into the mouth; (2) a sense of irritation or tickling at the back of the throat; (3) a feeling of acidity in the stomach, and (4) a feeling of weight or oppression at the epigastrium or across the chest.

**A PLEA FOR THE SPECIALIST.**—Specialism is an established feature of modern medicine. It is something which can not be cried down, for already in the face of opposition and distrust it has steadily increased, and will surely continue to do so. It is not an artificial addition to medicine, but a natural and inevitable development. It has its dangers, against which we can utter warnings; it has its defects and insufficiencies, which should be pointed out. But to attempt to check its growth would not only be useless, but would work an injury to the profession. It is, perhaps, but fair to say that the principle advances in medical science to-day are being made by specialists, that these gentlemen are, as a rule, more thoroughly educated, more carefully trained, more persistent, industrious, and enthusiastic workers than is the average general practitioner. The specialist chooses for himself a life which involves hard work, the strife of active competition, and late rewards.

Undoubtedly there is danger in specialism, lest it lower the general standard of professional honor and dignity. All quacks are specialists, and alas! some specialists are quacks. There is danger to the patient, also, in the specialist's losing sight of the man in pedantic investigations of the "case." These are things which medical educators and a wise professional feeling should try to prevent. For they are incidentals, not essentials, of specialism, as the fact that the majority of the leaders of our profession to-day shows.—*Medical Record.*

**STENOSIS OF THE LARYNX AND TRACHEA FOLLOWING TYPHOID FEVER.**—Two hundred cases of this form of affection have been collected by Lining, and he discusses at some length their pathology and treatment. It seems to begin as an ulcerative process in the various parts of the larynx, in the cartilage, perichondrium, or soft parts; sometimes it selects one part of the larynx, sometimes another. From the patient's own sensations and complaints it appears to be extremely difficult to arrive at a certain diagnosis. Often-times it is not discovered till the post-mortem; in other instances the expectoration of lumps of pus, blood-stained mucus, or pieces of cartilage, proclaim its presence and progress. In a few cases a hurriedly performed tracheotomy saves the patient's life. This operation seems to afford the best results by far, and is the only treatment of any real avail; for while out

of fifty-two patients only two recovered without operation, seventy-seven out of one hundred and forty-seven recovered after its performance. As a general rule the patient is compelled to wear a tube for the rest of his existence, as the stenosis is too great to admit of its removal, but in some cases it has been dispensed with even after one year.—*Centralb. f. Chirurgie; Practitioner.*

**THE TREATMENT OF THE UMBILICAL CORD.** Credé and Weber, Leipzig, in the *Archiv. f. Gynäk.*, set themselves to answer the questions, How is bleeding from the divided cord to be obviated? and, How is inflammation and its results of the fetal portion to be prevented? In the first place, they state that they are dissatisfied with the ordinary methods of secural by tape or linen; but both from clinical experience and as a result of experiments made on cords post-partum, they recommend strongly the use of elastic ligatures, as suggested by Budin, and as used by them in Leipzig for the past eighteen months, with perfectly satisfactory results. The ligature used is two millimeters thick, and is tightly wrapped round the cord, tied, and again taken half round and retied. As by this means the operator can be perfectly certain that there will be no bleeding, the point ligatured should be close to the skin on the cord, as, according to the writers, the shorter the portion left attached to the child, the less chance is there of traumatic inflammation. The after-treatment simply consists in keeping dry wadding round the stump, and carefully drying after the child has been bathed. Since the above treatment has been followed in the Leipzig Maternity, there have been no cases of umbilical disease.—*Journal of the American Medical Association.*

**ERGOT IN TYPHOID FEVER.**—Dr. A. Grilliere, in his inaugural thesis, noticed in the *Un. Medica*, gives the following conclusions: Without being a heroic remedy it is a very useful one in the treatment of typhoid fever. Its effects are analogous to those of quinine and cold baths. It is operative, especially in the congestive pulmonary and abdominal form, by virtue of its influence over blood stasis and diarrhea. It is antipyretic, its action in this respect being sometimes very rapid. It diminishes the frequency of the pulse and regulates the circulation. The ataxic and cerebro-spinal forms are surely modified by it. It can be employed during menstruation

without fear of accident. The dose varies much according to individuals; with some it is necessary to give 45 to 60 grains a day to obtain a therapeutic effect; in others a much smaller quantity may occasion circulatory troubles. The vomiting which the first doses sometimes excites is to be feared as a rule only during the first two or three days; should it persist the ergot may be replaced by injections of ergotine. It may be added that, as far as possible, the drug should be given in fractional doses, which permits better to watch the effect. There need be no fear of using it in children. The author cites 258 cases thus treated, with a mortality of 22, being a mortality of 8.5 per cent.—*Maryland Medical Journal.*

**TOO EARLY REPETITION OF IODINE INJECTIONS IN HYDROCELE.**—Professor Tillaux drew the attention of his class, at the Beaujon, to the danger of being in too great a hurry in repeating injections of iodine in hydrocele. It is only at the end of six weeks or two months that we can judge of the result of the first injection, and to interfere before this time is to expose oneself to induce the formation in the tunica vaginalis of those false membranes which are so vascular that they bleed on the slightest shock, and thus give rise to hematocoele and the loss of the testicle.—*Med. Press and Circular.*

**ACUTE PAPULAR ECZEMA (From the Medical Bulletin):**

R. Ext. erythroxyli coccoæ, . . . . . 3ij;  
Ungt. zinci oleatis, . . . . . }  
Ungt. aquæ rosæ, . . . . . } aa ʒss.

Sig. Apply to the part.

#### ARMY MEDICAL INTELLIGENCE.

**OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from March 1, 1885, to March 7, 1885:**

*Byrne, Charles C.*, Major and Surgeon, ordered to Dept. East, on expiration of present leave of absence. (S. O. 50, A. G. O., March 3, 1885.) *Woodruff, Ezra*, Captain and Assistant Surgeon, ordered for duty at Fort Maginnis, M. T. (S. O. 23, Dept. Dak., February 25, 1885.) *Porter J. F.*, Captain and Assistant Surgeon, sick leave of absence further extended fourteen days on account of sickness. (S. O. 51, A. G. O., March 5, 1885.) *Ewing, C. B.*, First Lieutenant and Assistant Surgeon, having relinquished unexpired portion of leave of absence, ordered for temporary duty in the field. (S. O. 23, Dept. Mo., March 2, 1885.) *Raymond, Henry J.*, First Lieutenant and Assistant Surgeon (recently appointed), ordered for duty in Dept. California. (S. O. 50, A. G. O., March 3, 1885.)



Figure 1.

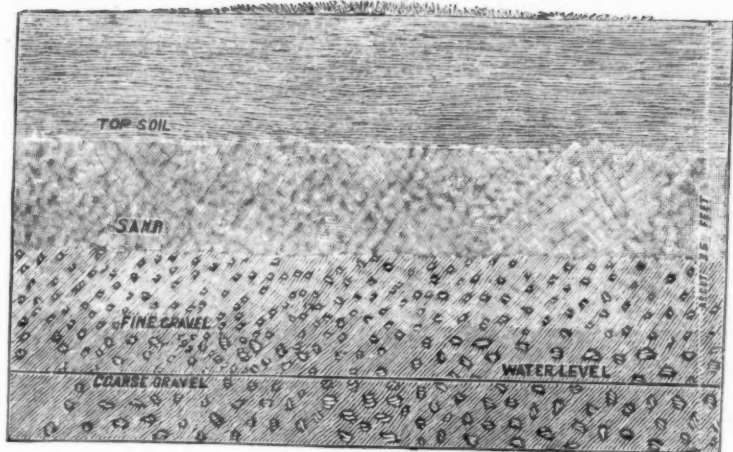


Figure 2.

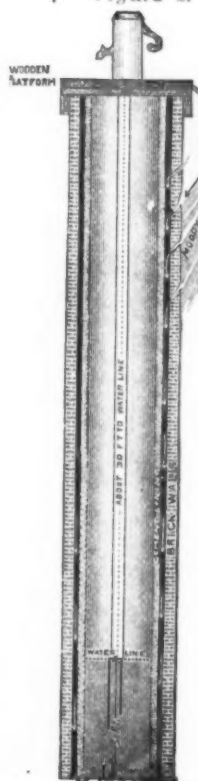


Figure 3.

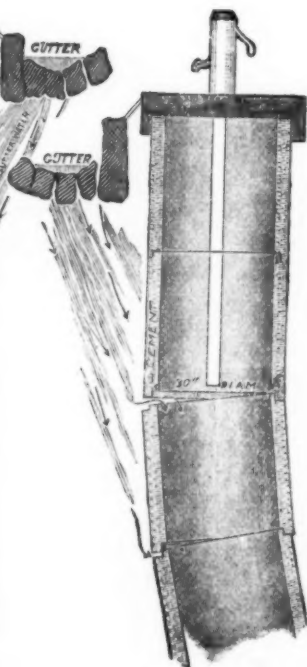


Figure 4.

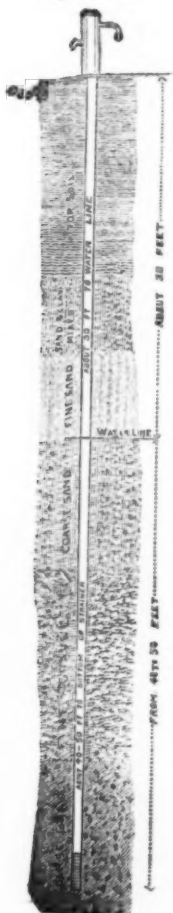


Figure 1.

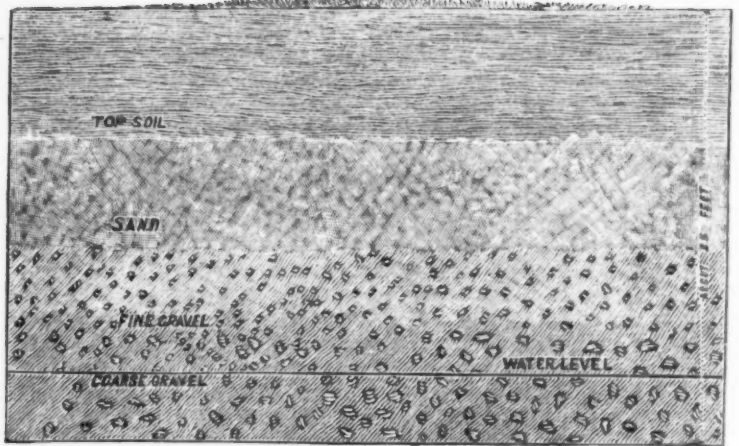


Figure 2.

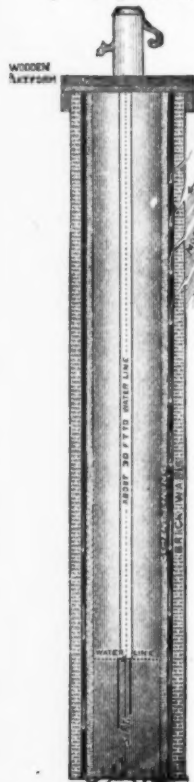


Figure 3.

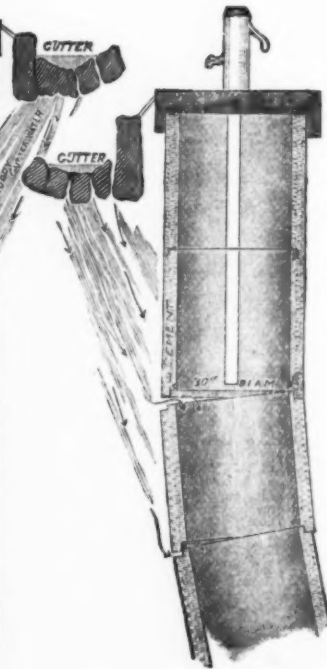


Figure 4.

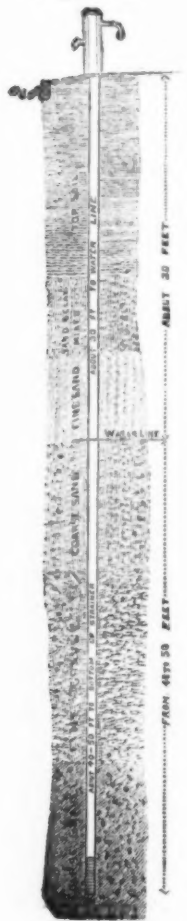


Figure 8.

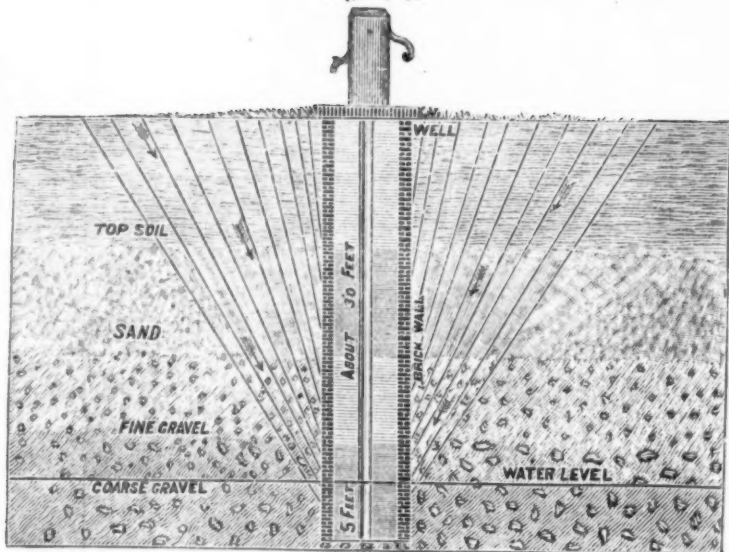


Figure 8.

